COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH CHIEF INFORMATION OFFICE – SYSTEMS MANAGEMENT DIVISION

| Date: | | | | |
|--|---|------------|--------|------|
| TO: | | | | |
| FROM: | Joe Shepherd | | | |
| SUBJECT: | SERVICE REQUEST OR SYSTEM PROBLEM MAINTENANCE REQUEST STATUS REPORT | | | |
| RE: SR/M | R # | SR/MR Date | Title: | |
| Please provide a brief status report for the above referenced item below in the response section. This status is needed by: If you have any questions, please call me on extension 2370. STATUS: | | | | |
| AUTHORIZED SIGNATURES | | | | |
| User/Manage | er | | | Date |
| System Anal | yst | | | Date |
| Division Chie | ef | | | Date |
| Security Adn | ninistrator | | | Date |
| C: Programmer Log Book | | | | |